CITY OF SANTA CLARA

PROCEDURE FOR FILING A CLAIM AGAINST THE CITY

- 1. Claims, pursuant to Government Code §810, and following, for money or damage to persons and/or property (real and personal) must be **filed with the City Clerk**, City of Santa Clara, 1500 Warburton Avenue, Santa Clara, California 95050. Claims may be mailed or hand delivered. The City Clerk's Office is open from 8:00 am to 5:00 pm, Monday through Friday.
- 2. The attached claim form is provided for your convenience. Please read it carefully and supply as much information as possible. The Government Code requires certain information be submitted in a claim against a public entity. The attached form is intended to assist you in complying with those requirements.
- 3. Upon receipt, a copy of the claim is forwarded to the City's Claims Adjuster, George Hills Company, Inc., 2875 Moorpark, Suite 130, San Jose, California 95128. George Hills Company may be contacted directly at (408) 260-2030, for questions regarding status of a claim. Claimants are usually contacted within two weeks after the date of filing a claim. The original claim form is filed in the City Clerk's Office and is a public record available for public inspection.
- 4. Acceptance of a claim by the City must not be viewed as an admission of fault or responsibility by the City. Submission of the attached claim form (or any other claim form) is intended only to start the City's claim evaluation process. The claim evaluation process takes time to gather the facts about the incident and evaluate the legal issues.

There is a multiple step analytical process which follows submission of a claim. The City's claims adjuster must:

- a. Confirm the Claimant has suffered the claimed loss, injury, or damage (collectively referred to as "loss").
- b. Ascertain whether or not the City is legally responsible for that loss.
- c. Determine if there was any culpability (comparative negligence, assumption of risk, etc.) attributable to the Claimant, and, if there was culpability, evaluate its impact on the amount of the claim.
- d. In cases where an item is damaged, determine the depreciated value of that item. (The City, in a manner similar to common insurance company practice, does not pay replacement value for an item.)

CLAIM AGAINST THE CITY OF SANTA CLARA

(For Damages to Persons or Personal Property)

(Please do not write above this line – for City use only)

A claim must be filed with the City Clerk of the City of Santa Clara within six months* after which the incident or

City Clerk's Date Stamp

U.S. Mail Interoffice Mail Over the Counter

Received By: __

Via:

insu (ori	nt occurred. <u>Be sure</u> you ufficient, please use addinginal) must be mailed ora, California 95050.	tional paper and identif	y the information	by paragraph	number.	Your completed claim
то	THE HONORABLE M	MAYOR AND CITY C	COUNCIL OF TH	HE CITY OF	SANTA	CLARA:
	undersigned respectfully sonal property:	y submits the following	claim and inform	ation relative	to damage	e to persons and/or
1	NAME OF				DATE O	F
	CLAIMANT			BIRTH		
	ADDRESS OF					ZIP
	CLAIMANT		CITY	S	ГАТЕ	CODE
	HOME	WORK		DRIVER'S	DRIVER'S LICENSE	
	PHONE PHONE			STATE AND NUMBER		ER
2	name and address listed a	ibove.)				
	DATE AND TIME		SPECIFIC ADDRESS			
3	OF INCIDENT		OF INCIDENT (Address)			
4	BASIS OF CLAIM (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim.)					
5	CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)					
	*"One year for a claim re	lating to any cause of acti	on for other than de	eath, injury to p	person or to	personal property, or

growing crops." Government Code §911.2

6	NAME OF CITY EMPLOYEE WHO ALLEGEDLY CAUSED INJURY OR LOSS
	DESCRIPTION OF CLAIMANT'S INJURY, PROPERTY DAMAGE, OR LOSS (If there were no injuries, state "NO INJURIES".)
7	
	OTHER INJURED PERSONS (List names and addresses.)
8	
	DAMAGES CLAIMED: Amount of Claimant's damage or loss and method of computation. Include copies of bills, invoices, estimates, etc. Note: If your claim is for more than \$10,000, you need not fill in an amount but you must state whether jurisdiction for the claim would be in the Limited jurisdiction (up to \$25,000) or Unlimited jurisdiction of the Superior Court.
	ITEMS
9	
	TOTAL AMOUNT: \$
	Court Jurisdiction: (Check one)
	Limited Civil: Unlimited Civil:
	WITNESSES, HOSPITALS, DOCTORS, ETC. (List names and addresses.)
10	
WA	RNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72).
kno	we read the matters and statements made in the above claim and I know the same to be true of my own wledge, except as to those matters stated upon information or belief and as to such matters I believe the same e true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.
Sign	ned this day of at
	·
	Claimant's Signature